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July 27, 2004

TO: Examiner Harris (TC1600)

GROUP: 1642

FAX NUMBER: 703-872-9306

ATTORNEY DOCKET NO.: DEX-0075

SERIAL NO.: 09/618,596

FILED: July 17, 2000

NUMBER OF PAGES:

MESSAGE: Attached please find Amendment Transmittal Letter; Reply to the Office Action mailed April 27, 2004; and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

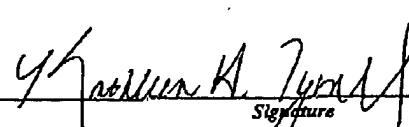
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. DEX-0075	
Applicant(s): Macina and Sun						
Application No. 09/618,596	Filing Date July 17, 2000	Examiner A. Harris	Customer No. 32800	Group Art Unit 1642	Confirmation No. 8607	
Invention: Method of Diagnosing, Monitoring, Staging and Treating Colon Cancer						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	1	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 _____ Signature Kathleen A. Tyrrell, Reg. No. 38,350			Dated: July 27, 2004			
Licata & Tyrrell P.C. 66 East Main Street Marlton, New Jersey 08053 Tel : 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
CC:			_____ Signature of Person Mailing Correspondence			
			_____ Typed or Printed Name of Person Mailing Correspondence			

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0075
Inventors: Macina and Sun
Serial No.: 09/618,596
Filing Date: July 17, 2000
Examiner: A. Harris
Group Art Unit: 1642
Title: Method of Diagnosing, Monitoring, Staging
and Treating Colon Cancer

Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile
transmitted to the Patent and Trademark Office on
the date shown below.

On July 27, 2004


Kathleen A. Tyrrell, Registration No. 38,350

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Reply under 37 C.F.R. § 1.111

This is a reply to the Office Action mailed April 27, 2004
setting a three (3) month statutory period for response. Please
enter the following amendments and remarks into the record.

Amendments to the claims are reflected in the listing of
claims which begins on page 2 of this paper.

Remarks begin on page 3.